

Initial Unannounced ^{Partial} ~~Full/Partial~~ Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Action Early Learning Center Date: 10/19/22 Time: 11:45

Location Address: 75 Balmforth Ave. Danbury Telephone #: 203-743-3785

e-mail address: mini.santosh@CAAWC.org License #: 15754 Expiration Date: 6/30/24

Capacity: 154/14 # of Children Present: 120 # of Staff Present: 19(2)

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: partial inspection on under 3 group size

Observations/Corrections needed:

in compliance today. 14:2
12:2
7:2
4:2
17:2
15:2
15:3
17:2
17:2

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/w

Signature: [Signature]

Print Name: Trish Morgan
(OEC Representative)

Signature: [Signature]

Print Name: MINI SANTOSH
(Person in Charge)